

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Nurses Association PAC

ADDRESS (number and street) ▼

8515 Georgia Avenue

Suite 400

☐ Check if different than previously reported. (ACC)

Silver Spring

MD

20910

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00017525

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2013

through

M M M / D D D / Y Y Y Y Y Y
07 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jan C. POLIZZI

Signature of Treasurer

Jan C. POLIZZI

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
08 19 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
07 / 31 / 2013

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013 | | 43885.93 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 46268.77 | |
| (c) Total Receipts (from Line 19) | 30461.11 | 167276.03 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 76729.88 | 211161.96 |
| 7. Total Disbursements (from Line 31) | 17000.00 | 151432.08 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 59729.88 | 59729.88 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period:

From:

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 01 | / | 2013 |

To:

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | / | 31 | / | 2013 |

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

7772.48

44073.38

(ii) Unitemized

22688.63

123202.65

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

30461.11

167276.03

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

30461.11

167276.03

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

30461.11

167276.03

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

30461.11

167276.03

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 17000.00 | 144000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 7432.08 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 7432.08 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 17000.00 | 151432.08 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 17000.00 | 151432.08 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 30461.11 | 167276.03 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 7432.08 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 30461.11 | 159843.95 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 0.00 | 0.00 |

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Lea Acors

Mailing Address 5211 Wagon Trl

City
Racine

State
WI

Zip Code
53402-6109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marquette University

Occupation
Dean

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

MM / DD / YYYY
07 / 05 / 2013

Transaction ID : AE38B8F46322E42B4A1F

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

B. Lea Acors

Mailing Address 5211 Wagon Trl

City
Racine

State
WI

Zip Code
53402-6109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marquette University

Occupation
Dean

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

MM / DD / YYYY
07 / 05 / 2013

Transaction ID : A288C01130C3C44DFB64

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

C. Cindy Reno Balkstra

Mailing Address 31 Highview Ln

City
Dahlonega

State
GA

Zip Code
30533-3533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Candler Hospital

Occupation
CASE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

MM / DD / YYYY
07 / 05 / 2013

Transaction ID : A57E0EBA674E9456B8A8

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 7 OF 32
 (check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Cindy Reno Balkstra

Mailing Address 31 Highview Ln

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Dahlonega | GA | 30533-3533 |

FEC ID number of contributing federal political committee.

C

Name of Employer

Candler Hospital

Occupation

CASE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 05 | / | 2013 |

Transaction ID : AC96B59DA60B54AFCBF2

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Patricia Barnett

Mailing Address 51 Ferry St

| | | |
|--------------|-------|------------|
| City | State | Zip Code |
| Lambertville | NJ | 08530-1850 |

FEC ID number of contributing federal political committee.

C

Name of Employer

New Jersey State Nurse

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 05 | / | 2013 |

Transaction ID : AD658D253AF7248CB70

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

C. KRISTIN Anderson BENNETT

Mailing Address 206 Redberry Ct

| | | |
|-----------|-------|------------|
| City | State | Zip Code |
| Hockessin | DE | 19707-2115 |

FEC ID number of contributing federal political committee.

C

Name of Employer

STATE DE DIVION O F PUBLIC

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2013 |

Transaction ID : A94AA8E57E7474F53BDB

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)..... ►

270.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 32
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Barbara A. Blakeney

Mailing Address 21 Andrea Rd

City

Waltham

State

MA

Zip Code

02453-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS GENERAL HOS

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.00

Date of Receipt

07 / 05 / 2013

Transaction ID : A4A1B5D3F86C94912B4F

Amount of Each Receipt this Period

2.00

Full Name (Last, First, Middle Initial)

B. Alice Bodley

Mailing Address 3143 Upland Terrace NW

City

Washington

State

DC

Zip Code

20015-2319

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANA

Occupation

Office of General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.00

Date of Receipt

07 / 05 / 2013

Transaction ID : A5E2984A9683043ACA05

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Alice Bodley

Mailing Address 3143 Upland Terrace NW

City

Washington

State

DC

Zip Code

20015-2319

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANA

Occupation

Office of General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.00

Date of Receipt

07 / 05 / 2013

Transaction ID : A5383AAA441134C77976

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

372.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Alice Bodley

Mailing Address 3143 Upland Terrace NW

City
Washington

State Zip Code
DC 20015-2319

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANA

Occupation

Office of General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.00

Date of Receipt

MM / DD / YYYY
07 / 05 / 2013

Transaction ID : AF45204BD71C741C8952

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. Alice Bodley

Mailing Address 3143 Upland Terrace NW

City
Washington

State Zip Code
DC 20015-2319

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANA

Occupation

Office of General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.00

Date of Receipt

MM / DD / YYYY
07 / 05 / 2013

Transaction ID : A5D474CE364A94A12B86

Amount of Each Receipt this Period

1.00

Full Name (Last, First, Middle Initial)

C. KATHY Lou BUSHKOETTER

Mailing Address 2482 Road X

City
Lawrence

State Zip Code
NE 68957-6004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Franklin Co Memorial Hospital

Occupation

Family Nurse Practitioner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
07 / 29 / 2013

Transaction ID : A191D5F4DE86042F8A42

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

261.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Barbara Thoman Curtis

Mailing Address 1000 Saint Georges Rd Apt 101 A

City State Zip Code
Ormond Beach FL 32174

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

07 / 05 / 2013

Transaction ID : A8EFD2AA9582048BE980

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

B. Karen Daley

Mailing Address American Nurses Association
8515 Georgia Ave. Ste. 400

City State Zip Code
Silver Spring MD 20910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

American Nurses Assn

President - American Nurses Associatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

07 / 05 / 2013

Transaction ID : A0402EB0C16A64847811

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Karen Daley

Mailing Address American Nurses Association
8515 Georgia Ave. Ste. 400

City State Zip Code
Silver Spring MD 20910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

American Nurses Assn

President - American Nurses Associatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

07 / 05 / 2013

Transaction ID : AB7231C305B9E429F9E8

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

25.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Karen Daley

Mailing Address American Nurses Association
8515 Georgia Ave. Ste. 400

City State Zip Code
Silver Spring MD 20910

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Nurses Assn

Occupation

President - American Nurses Associatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

MM / DD / YYYY
07 / 09 / 2013

Transaction ID : A157C34FB4D9842F9848

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr. Sue B. Davidson

Mailing Address 18765 SW Boones Ferry Rd

City State Zip Code
Tualatin OR 97062-8496

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Nurses Assc

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
07 / 05 / 2013

Transaction ID : A20FEE0E65D204BA09B5

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Gina Dennik-Champion

Mailing Address 6117 Monona Dr

City State Zip Code
Monona WI 53716-4303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wisconsin Nurses Assoc.Dist.12

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

MM / DD / YYYY
07 / 05 / 2013

Transaction ID : A16242E0B5EB64613A2F

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)..... ►

480.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Liz O. Dietz

Mailing Address 2054 Folle Blanche Dr

City

San Jose

State

CA

Zip Code

95135-1251

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Alec Group

Occupation

Director Health Occupations Department

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

501.00

Date of Receipt

07 / 05 / 2013

Transaction ID : ABB8DBE67DB4B439A849

Amount of Each Receipt this Period

1.00

Full Name (Last, First, Middle Initial)

B. Donna L. Dolinar

Mailing Address 220 Chaparral Dr

City

Paradise

State

CA

Zip Code

95969

FEC ID number of contributing
federal political committee.

C

Name of Employer

Feather River Hospital

Occupation

Health Policy Analyst

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

211.00

Date of Receipt

07 / 05 / 2013

Transaction ID : A84E5C748F6444668B09

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Donna L. Dolinar

Mailing Address 220 Chaparral Dr

City

Paradise

State

CA

Zip Code

95969

FEC ID number of contributing
federal political committee.

C

Name of Employer

Feather River Hospital

Occupation

Health Policy Analyst

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

211.00

Date of Receipt

07 / 05 / 2013

Transaction ID : A1EA33ACAA5DA4E9DA67

Amount of Each Receipt this Period

1.00

SUBTOTAL of Receipts This Page (optional)..... ►

12.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Karen N. Drenkard

Mailing Address 3114 Wynford Drf

City

Fairfax

State

VA

Zip Code

22031

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Nurses Assn

Occupation

Executive Director

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07 | / | 05 | / | 2013 |

Transaction ID : A59CF8A06202C4A06B40

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. JOELLEN B. EDWARDSMailing Address 200 W. F St
Unit 14

City

Elizabethton

State

TN

Zip Code

37643-3154

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Tennessee State Universit

Occupation

Educator

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07 | / | 12 | / | 2013 |

Transaction ID : A0F908B37699149A09DD

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Tina Gerardi

Mailing Address 590 15th St S.

City

Arlington

State

VA

Zip Code

22202-2872

FEC ID number of contributing
federal political committee.

C

Name of Employer

AONE

Occupation

Deputy Director

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07 | / | 07 | / | 2013 |

Transaction ID : AD1638179EB5C49BDB0C

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

900.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Linda M. Gural

Mailing Address 93 Dickinson Ave

City

Toms River

State

NJ

Zip Code

08753-6773

FEC ID number of contributing
federal political committee.

C

Name of Employer

COMM MED CTR

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

MM / DD / YYYY
07 / 05 / 2013

Transaction ID : A0CD37A36DA4A4979B3F

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Teresa M. Haller

Mailing Address 480 David Rd

City

Charlottesville

State

VA

Zip Code

22902-8752

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF VA

Occupation

Administrator Nursing Business Ops and

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY
07 / 05 / 2013

Transaction ID : ABB8F14907EB74E13B8C

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Teresa M. Haller

Mailing Address 480 David Rd

City

Charlottesville

State

VA

Zip Code

22902-8752

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF VA

Occupation

Administrator Nursing Business Ops and

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

MM / DD / YYYY
07 / 05 / 2013

Transaction ID : A7D7ED579F83F47DD868

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

45.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Teresa M. Haller

Mailing Address 480 David Rd

City

Charlottesville

State

VA

Zip Code

22902-8752

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY OF VA

Occupation

Administrator Nursing Business Ops and

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

07 / 05 / 2013

Transaction ID : A2EB6FAE383DC4180AF6

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Dr. Debbie D. Hatmaker

Mailing Address 8710 Cameron St #413

City

Silver Spring

State

MD

Zip Code

20910-3705

FEC ID number of contributing
federal political committee.

C

Name of Employer

ANA

Occupation

CPO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

630.00

Date of Receipt

07 / 14 / 2013

Transaction ID : ACAA3F2B02D0A4EDDA3E

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

C. Ms. Judith A Huntington

Mailing Address 12816 SE 243rd St

City

Kent

State

WA

Zip Code

98030-5083

FEC ID number of contributing
federal political committee.

C

Name of Employer

WASHINGTON STATE NURSES A

Occupation

Staff

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 07 / 2013

Transaction ID : AADDE3F1AA2714CDD8F1

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

350.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Faith M. Jones

Mailing Address 476 N Douglas St

City

Powell

State

WY

Zip Code

82435-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer

Consultant

Occupation

RN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

07 / 02 / 2013

Transaction ID : A8610A553B4724284BFC

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Faith M. Jones

Mailing Address 476 N Douglas St

City

Powell

State

WY

Zip Code

82435-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer

Consultant

Occupation

RN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1675.00

Date of Receipt

07 / 07 / 2013

Transaction ID : A66735F3FA7CA4E2285B

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

C. Faith M. Jones

Mailing Address 476 N Douglas St

City

Powell

State

WY

Zip Code

82435-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer

Consultant

Occupation

RN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1675.00

Date of Receipt

07 / 07 / 2013

Transaction ID : AD14007F447E9474FBD3

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. WINIFRED Z KENNEDY

Mailing Address 910 48 St

City

Brooklyn

State

NY

Zip Code

11219

FEC ID number of contributing
federal political committee.

C

Name of Employer

MAIMONIDES MEDICAL

Occupation

Psychiatric Consultation Liaison Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

07 / 05 / 2013

Transaction ID : ADEF90F8783214380917

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

B. Dr. KATHERINE KENNY

Mailing Address 6026 N 5th Pl

City

Phoenix

State

AZ

Zip Code

85012-1278

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph's Hospital And Medical Cent

Occupation

Nurse Practitioner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 12 / 2013

Transaction ID : AB2020BEC122144EEBD0

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Susan E King

Mailing Address 4712 SW Flower Ct

City

Portland

State

OR

Zip Code

97221-2928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Nurses Assc

Occupation

Admin for Prof Svcs - ORNA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 05 / 2013

Transaction ID : AE5121E3A49AD41C3827

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1355.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Carolyn Krause

Mailing Address 5649 Nutone St

City
Fitchburg

State Zip Code
WI 53711-1682

FEC ID number of contributing
federal political committee.

C

Name of Employer

Meriter Hospital

Occupation

RN ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.56

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 11 / 2013

Transaction ID : A0506C15212C847E8B27

Amount of Each Receipt this Period

2.08

Full Name (Last, First, Middle Initial)

B. SUSAN I. Kurzer

Mailing Address 8293 E Tailspin Ln

City
Scottsdale

State Zip Code
AZ 85255-3923

FEC ID number of contributing
federal political committee.

C

Name of Employer

ST. JOSEPH HOSP

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 08 / 2013

Transaction ID : A6A5645429B9B4F42905

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

c. Christy E. Lee

Mailing Address 613 Idlewood Blvd

City
Lafayette

State Zip Code
LA 70506-7045

FEC ID number of contributing
federal political committee.

C

Name of Employer

MEDICAL CENTER OF LOUISIANA

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 05 / 2013

Transaction ID : ABEAA997B93C7419E97A

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

492.08

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Rose Martin

Mailing Address 221 N. Front St Apt 506

City State Zip Code
Columbus OH 43215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio State Univ

Occupation

Staff Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 05 / 2013

Transaction ID : A5B2AA350D27B407285E

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Deborah S. Martz

Mailing Address 225 Whittier Dr S. Apt 8

City State Zip Code
Lancaster OH 43130

FEC ID number of contributing
federal political committee.

C

Name of Employer

OHIO DEPARTMENT HEALTH

Occupation

DIRECTOR OF NURSES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 05 / 2013

Transaction ID : ACB66F61A88A14BCB9EC

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

c. Deborah S. Martz

Mailing Address 225 Whittier Dr S. Apt 8

City State Zip Code
Lancaster OH 43130

FEC ID number of contributing
federal political committee.

C

Name of Employer

OHIO DEPARTMENT HEALTH

Occupation

DIRECTOR OF NURSES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 05 / 2013

Transaction ID : A9FD6C37828304447AC7

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)..... ►

355.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Deborah S. Martz

Mailing Address 225 Whittier Dr S. Apt 8

City
Lancaster

State Zip Code
OH 43130

FEC ID number of contributing
federal political committee.

C

Name of Employer
OHIO DEPARTMENT HEALTH

Occupation
DIRECTOR OF NURSES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

MM / DD / YYYY
07 / 05 / 2013

Transaction ID : A8D890978826C49BC9C3

Amount of Each Receipt this Period

2.00

Full Name (Last, First, Middle Initial)

B. Miss Sarah McCloy

Mailing Address 810 Lamar Ave

City
Charlotte

State Zip Code
NC 28204-2124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas Medical Center

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY
07 / 10 / 2013

Transaction ID : AC03B8B65030349499CC

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

C. Sara McCumber

Mailing Address 2004 Lackawanna Ave

City
Superior

State Zip Code
WI 54880-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duluth Clinic

Occupation
NP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

MM / DD / YYYY
07 / 05 / 2013

Transaction ID : A0704FF96F1024065827

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

342.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. April Rae MILLAR

Mailing Address 7021 Sand Pt Way NE Unit B303

City State Zip Code
 Seattle WA 98115

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Of Wa - Tacoma

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

07 / 02 / 2013

Transaction ID : ADBB777C64A6B4FE681B

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

B. April Rae MILLAR

Mailing Address 7021 Sand Pt Way NE Unit B303

City State Zip Code
 Seattle WA 98115

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Of Wa - Tacoma

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

07 / 08 / 2013

Transaction ID : A22B20610F6F7463E975

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

c. Becky M. PATTON

Mailing Address 2382 Woodward Ave

City State Zip Code
 Lakewood OH 44107-5554

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY HOSP

Occupation
Atkinson Scholar in Perioperative Nurs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1006.00

Date of Receipt

07 / 05 / 2013

Transaction ID : AC8D6B0A4F71045E59DD

Amount of Each Receipt this Period

1.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

481.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Becky M. PATTON

Mailing Address 2382 Woodward Ave

City

Lakewood

State

OH

Zip Code

44107-5554

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIVERSITY HOSP

Occupation

Atkinson Scholar in Perioperative Nurs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1006.00

Date of Receipt

MM / DD / YYYY
07 / 05 / 2013

Transaction ID : AB1518A63CF0243F8809

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

B. Jody Pelusi

Mailing Address PO Box 6330

City

Glendale

State

AZ

Zip Code

85312-6330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arizona Oncology

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
07 / 01 / 2013

Transaction ID : AF7838FD3F96548B2B38

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Joanne Penn

Mailing Address 208 K Ct

City

Seaside Park

State

NJ

Zip Code

08752-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Messina Pediatrics

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

MM / DD / YYYY
07 / 05 / 2013

Transaction ID : A6884A5DE638E4DA49D6

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Joanne Penn

Mailing Address 208 K Ct

City

Seaside Park

State

NJ

Zip Code

08752-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Messina Pediatrics

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

07 / 05 / 2013

Transaction ID : AA54B2914AA914D3FBFE

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Ms. Cheryl A. Peterson

Mailing Address 8515 Georgia Ave
Suite 400

City

Silver Spring

State

MD

Zip Code

20910

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Nurses Association

Occupation

Nursing Practice & Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 11 / 2013

Transaction ID : A26FE0B53422C4BE6B06

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Ms. Gayle M. Peterson

Mailing Address 20 Sargent St

City

Melrose

State

MA

Zip Code

02176-1932

FEC ID number of contributing
federal political committee.

C

Name of Employer

MGH

Occupation

Staff Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

07 / 06 / 2013

Transaction ID : A31114F3A4BD44E089D8

Amount of Each Receipt this Period

41.66

SUBTOTAL of Receipts This Page (optional)..... ►

641.66

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. GAIL PRUETT

Mailing Address 2648 Burton Rd

City

Durham

State

NC

Zip Code

27704-3811

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duke University

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

07 / 08 / 2013

Transaction ID : A9AFA50D4443548C4931

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

B. GAIL PRUETT

Mailing Address 2648 Burton Rd

City

Durham

State

NC

Zip Code

27704-3811

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duke University

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

07 / 14 / 2013

Transaction ID : ADD9CA0C7D72E46B29A3

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Judy Schmidt

Mailing Address 1007 English Ln

City

Toms River

State

NJ

Zip Code

08753-3360

FEC ID number of contributing
federal political committee.

C

Name of Employer

Community Medical Ctr

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

07 / 05 / 2013

Transaction ID : AD1D90D9B16664FEFB4C

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Judy Schmidt

Mailing Address 1007 English Ln

City

Toms River

State

NJ

Zip Code

08753-3360

FEC ID number of contributing
federal political committee.

C

Name of Employer

Community Medical Ctr

Occupation

RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

07 / 05 / 2013

Transaction ID : AC0B1494F74324FC09B4

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Ms. CHERYL K. SCHMIDT

Mailing Address 320 W Cross St

City

Benton

State

AR

Zip Code

72015-3622

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAMS College of Nrsng @ Hope

Occupation

Associate Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

07 / 05 / 2013

Transaction ID : A3E476C219EF54A96A3B

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

C. Ms. CHERYL K. SCHMIDT

Mailing Address 320 W Cross St

City

Benton

State

AR

Zip Code

72015-3622

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAMS College of Nrsng @ Hope

Occupation

Associate Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

07 / 05 / 2013

Transaction ID : A7384E0F4FB904400879

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 32

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Joseph Shadid

Mailing Address Moravian Hall Sq

175 West North Street

City

Nazareth

State

PA

Zip Code

18064

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moravian Hall Square

Occupation

Director of Nursing

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
07 / 03 / 2013

Transaction ID : AAED5DF29B91A4CE9B7F

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr. Maureen E. Shekleton

Mailing Address 805 Edgewood Dr

City

Glen Ellyn

State

IL

Zip Code

60137-4214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aana

Occupation

Staff

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

507.00

Date of Receipt

MM / DD / YYYY
07 / 05 / 2013

Transaction ID : A1E553103D0B842BA9EC

Amount of Each Receipt this Period

2.00

Full Name (Last, First, Middle Initial)

c. Dr. Maureen E. Shekleton

Mailing Address 805 Edgewood Dr

City

Glen Ellyn

State

IL

Zip Code

60137-4214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aana

Occupation

Staff

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

507.00

Date of Receipt

MM / DD / YYYY
07 / 05 / 2013

Transaction ID : AE5724E2242444DD4AEF

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)..... ►

307.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 27 OF 32

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Laura N Sidlinger

Mailing Address 5703 SW 33rd Ct

City

Topeka

State

KS

Zip Code

66614-4564

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washburn University

Occupation

Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.56

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 0 | 1 | | 2 | 0 | 1 | 3 |

Transaction ID : A85B924BB8ECF49F4BF4

Amount of Each Receipt this Period

2.08

Full Name (Last, First, Middle Initial)

B. MARY J. SLETTEN

Mailing Address 1007 Cedardale Dr

City

Las Cruces

State

NM

Zip Code

88005-1247

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dona Ana Community College

Occupation

Adminstrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.40

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 2 | 6 | | 2 | 0 | 1 | 3 |

Transaction ID : AD95D88E3923D4D17915

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

c. Julia Weinberg

Mailing Address 7078 Ershig Rd

City

Bow

State

WA

Zip Code

98232-9796

FEC ID number of contributing
federal political committee.

C

Name of Employer

SKAGIT VALLEY HOSP

Occupation

Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 0 | 5 | | 2 | 0 | 1 | 3 |

Transaction ID : AD3CCE6EDE1E84C5187C

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

143.74

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Julia Weinberg

Mailing Address 7078 Ershig Rd

City

State

Zip Code

Bow

WA

98232-9796

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SKAGIT VALLEY HOSP

Nurse

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

07 / 05 / 2013

Transaction ID : A1EC708FD07984543850

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

B. Mrs. Diane L. Winfrey

Mailing Address 3710 Latimore Rd

City

State

Zip Code

Shaker Heights

OH

44122-5025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

VETERANS HEALTH

RN

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

355.00

Date of Receipt

07 / 05 / 2013

Transaction ID : AFCFEE3D187A943C1932

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

C. Margarete Lieb Zalon

Mailing Address 128 Savage Rd

City

State

Zip Code

Waymart

PA

18472-3027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

University of S Alabama

Professor

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 28 / 2013

Transaction ID : A88F41F2A67EE4375B9D

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

7772.48

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 32

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Collins for Senator

Mailing Address PO Box 1096

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Bangor | ME | 04402 |

Purpose of Disbursement

Candidate Name

Sen. Susan M. Collins

| | |
|----------------|--|
| Office Sought: | <input type="checkbox"/> House |
| | <input checked="" type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2013

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State: ME District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 31 | | 2013 |

Transaction ID : BC241C828AA6B45EB990

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 S Capitol

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20003 |

Purpose of Disbursement

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2013

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 31 | | 2013 |

Transaction ID : B3EDF1FA0ED3B4B5486C

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE

Mailing Address 120 Maryland Ave

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20002 |

Purpose of Disbursement

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

Disbursement For: 2013

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 31 | | 2013 |

Transaction ID : BFD222CE86FAE42FEAE

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 7500.00 |
|---------|

| |
|--|
| |
|--|

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 32

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. Friends of Congressman George Miller

Mailing Address PO Box 5864

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Concord | CA | 94524 |

Purpose of Disbursement

Candidate Name

Rep. George Miller

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: CA District: 11

| |
|--|
| Disbursement For: 2014 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 31 | | 2013 |

Transaction ID : B35855BD4FEB4A91BA1

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAVE JOYCE

Mailing Address 320 KENARDEN DRIVE

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| CLEVELAND | OH | 44143 |

Purpose of Disbursement

Candidate Name

David P Joyce

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: OH District: 14

| |
|--|
| Disbursement For: 2014 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 31 | | 2013 |

Transaction ID : B853F12F0F0C04C3B986

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

C. FRIENDS OF LOIS CAPPS

Mailing Address PO Box 23940

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| Santa Barbara | CA | 93121 |

Purpose of Disbursement

Candidate Name

Rep. Lois Capps

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: CA District: 24

| |
|--|
| Disbursement For: 2014 |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 31 | | 2013 |

Transaction ID : B5DE49043B69147F9A81

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 3000.00 |
|---------|

| |
|--|
| |
|--|

| | | | | | | | | | | | |
|--------------------------|-----|--------------------------|-----|-------------------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input checked="" type="checkbox"/> | 23 | <input type="checkbox"/> | 24 | <input type="checkbox"/> | 25 | <input type="checkbox"/> | 26 |
| <input type="checkbox"/> | 27 | <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

NAME OF COMMITTEE (In Full)
American Nurses Association PAC

Three digital displays showing the date 07/31/2013 in MM/DD/YYYY format. The first display shows '07' with 'M' labels above the digits. The second display shows '31' with 'D' labels above the digits. The third display shows '2013' with 'Y' labels above each digit. The displays are separated by slashes.

A diagram of a rectangular frame with four corner joints. Each joint is labeled with a number: 1 at the top-left, 2 at the top-right, 3 at the bottom-right, and 4 at the bottom-left.

1000.00

Category/
Type

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

Three digital displays showing the date 07/31/2013 in MM/DD/YYYY format. The first display shows '07' with 'M' labels above the digits. The second display shows '31' with 'D' labels above the digits. The third display shows '2013' with 'Y' labels above each digit. The displays are separated by slashes.

| | | | |
|--|--|--|--|
| | | | |
| | | | |

1000.00

Category/
Type

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

1000.00

Category/
Type

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 32

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Nurses Association PAC

Full Name (Last, First, Middle Initial)

A. LOBIONDO FOR CONGRESS

Mailing Address 1707 Prince St #5

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Alexandria | VA | 22314 |

Purpose of Disbursement

Candidate Name

Rep. Frank A. LoBiondo

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: NJ District: 02

| |
|--|
| Disbursement For: 2014 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 11 | | 2013 |

Transaction ID : B44F635F8222045F0845

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B. NATIONAL REPUBLICAN CONGRESSIONAL Committee

Mailing Address 320 1st St SE

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20003 |

Purpose of Disbursement

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| |
|--|
| Disbursement For: 2013 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 31 | | 2013 |

Transaction ID : BE9FF43C70C4B469CAD1

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

C.

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

State: District:

| |
|---|
| Disbursement For: |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 3500.00 |
|---------|

| |
|----------|
| 17000.00 |
|----------|